

PTO USE REQUEST FORM

EMPLOYEE INFORMATION

TODAY'S DATE: _____

NAME: _____

PAID TIME OFF AVAILABILITY BEFORE & AFTER USAGE

AVAILABLE PAID TIME OFF BEFORE USAGE: _____

NUMBER OF DAYS REQUESTED: _____

AVAILABLE PAID TIME OFF AFTER USAGE: _____

COMMENTS

EMPLOYEE CERTIFICATION

I understand that PTO usage is subject to management approval, company policies and the individual employee's available PTO.

Employee Signature: _____ Date: _____

APPROVAL

APPROVED: YES NO

Supervisor/Manager Approval: _____ Date: _____

Printed Name: _____ Title: _____

Paycheck Date PTO Added To: _____

Payroll Input: _____ Date: _____